

British Medical Journal.

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PITUITARY SECRETION.

ALTHOUGH extracts of the posterior lobe of the pituitary gland are now widely used in obstetrics and in surgery, knowledge of the functions of this gland is still very fragmentary. This is in large measure due to the extreme difficulty of removing the posterior lobe of the pituitary without injuring the anterior lobe or the adjacent portions of the brain. The known actions of pituitary extract are extremely diverse, and this is understandable since the gland is known to yield several active principles.¹ Abel and Rouiller¹ showed that at least two substances were present, one which raised and another which depressed blood pressure. Dudley,² in a recent paper, has shown that the substance which raises blood pressure is probably distinct from the substance which causes constriction of the uterus.

Very little evidence has been brought forward to indicate the nature of the relation between the pituitary gland and the genital organs, but Professor W. E. Dixon, in a recent paper,³ has thrown some light on this question. He has made a series of experiments which lead him to conclude, first that secretion of the pituitary gland is delivered into the cerebro-spinal fluid, and secondly, that this process of secretion can be stimulated by injection into the circulation of either pituitary extract or of ovarian extract. It seems clear, he says, "that ovarian conditions determine the secretion of the pituitary and thus react indirectly on the uterine tonus. Pituitrin is very largely employed in medicine to contract the uterus: its employment would seem to be so far rational that it is the drug manufactured by the body for this specific purpose."

The facts established concerning the functions of the posterior lobe of the pituitary indicate that they are curiously scattered. The internal secretion of this gland appears to be essential to the normal function of the kidney, for injury to the lobe is often associated with diabetes insipidus mellitus, and in a large proportion of cases of this disease the excessive urinary secretion can be inhibited by the administration of pituitary extract. Furthermore, Starling and Verney have recently shown that the isolated kidney secretes very dilute urine, but that the addition of pituitary extract to the perfused blood causes an increase in the concentration of the chlorides. The pituitary is also one of the glands that control the concentration of blood sugar. Pituitary deficiency is associated with increased carbohydrate tolerance, and according to Burn⁴ pituitary extract has a stabilizing effect on the blood sugar concentration, for on the one hand it inhibits the hyperglycaemia produced by adrenaline or by ether anaesthesia, and on the other hand it inhibits the fall of blood sugar produced by the administration of insulin.

There seems, therefore, to be a fair amount of evidence that the posterior lobe of the pituitary gland secretes *in vivo* a uterine stimulant and also a substance essential for normal urinary secretion.

This gland contains in addition substances which can raise blood pressure, which can lower blood pressure, and which affect blood sugar concentration. There is evidence that at least three separate substances are concerned in these manifold activities. We have, however, at present

no evidence as to whether these curiously diverse activities are correlated in any way; as far as our present knowledge goes, the association of the different active principles in one gland may be purely accidental.

VETERINARY LITERATURE DURING THE EIGHTEENTH CENTURY.

THE first instalment of the history of veterinary literature by Major-General Sir Frederick Smith, late Director-General of the Army Veterinary Service, is published in the current issue of the *Veterinary Journal*. He has no difficulty in showing that during the eighteenth century the practitioners of animal medicine were in a state of deplorable ignorance of the pathology and treatment of disease. The books written during the earlier part of this period claimed to give to country gentlemen and farmers sufficient instruction to enable them to be independent of the services of the farrier and cow-leech or cattle doctor—the two classes of men engaged in veterinary practice—and usually promised secret receipts for the cure of the common distempers incident to horses and oxen. Under the titles "Every Man his own Farrier," "The Gentleman Farrier," or some variant of these, they appeared with painful regularity, the writers all dipping for information into the same well of ignorance, and copying without apology from the books of their predecessors. Whereas in the medical profession during the same period there were three classes of practitioner—the physician, the surgeon, and the apothecary; and of the first named it might be said that, though commonly more dependent on ancient tradition than modern science, he was usually a scholar—the lowest and most ignorant in the land were considered suited to follow the veterinary calling; the farrier and cow-leech were, indeed, entirely without education, and dependent as a rule on a book of "cures."

The comprehensive review of the veterinary literature during the early part of the eighteenth century provided by Sir Frederick Smith indicates the grievous suffering which must have been inflicted on animals by the "experts" of that time, of which the following may be given as examples. One author says that "suppression of urine is overcome by passing into the urethra a whale-bone, at the end of which is a knob covered with muslin; the whole is to be thrust into the bladder. If no urine follows, this is diagnostic of disease of the kidneys." The same authority recommends in the treatment of colic a remedy consisting of "four or five hundred wood-lice, dried and powdered, given in a draught." Stiff legs "are to be treated by cutting the nerves of the forelegs, which will be found in the breast." (What was removed was a piece of tendon, which was drawn out at the wound and then divided.) However, Sir Frederick Smith concludes that on the whole the veterinary pharmacopoeia was cleaner than the medical pharmacopoeia, for "in the Dispensatory of the Royal College of Physicians of this period the following are shown among the animal parts employed in medicine: fat of all animals, including that of man, bezoar, cystic calculus (human), flesh of the viper, horn of rhinoceros and unicorn, tooth of elephant and sea-horse, slough of snake, liver of eel, biliary calculus (ox), jaw of pike, penis of tortoise and stag, huckle bone of hare. There is also shown, as a therapeutic agent, the moss from human skulls!"

The medical profession rendered conspicuous service to veterinary practice during the eighteenth century, both because physicians were called upon to assist the State when cattle plague appeared in this country and because certain surgeons, from a love of animals or with an eye to business, took an active interest in the treatment of diseases of animals. It was fortunate that

¹ *Journ. of Pharm. and Exper. Ther.*, 20, 65, 1922.

² *Ibid.*, 21, 105, 1923.

³ *J. of Physiol.*, 57, p. 128, March 21st, 1923.

⁴ *Ibid.*, 57, Proc. Phys. Soc., 38, 1923.

when, in 1714, cattle plague was prevalent, Thomas Bates, F.R.S., surgeon to H.M. Household, was called upon to report upon a disease of cattle affecting dairy stock at Islington and to decide whether it was contagious. He soon convinced himself that the disease was spread not only by the affected cattle but by the attendants, and "he recommended that the entire herd should be destroyed, the owners compensated, the dead cremated, the cowhouses disinfected and left empty for three months." Thus he succeeded in eradicating cattle plague by methods almost identical with those in use to-day. Sir Frederick Smith says that the work of the physicians was marred by their nervous apprehension of loss of dignity in their profession by being engaged in the study of a disease of animals, and they nearly all apologized for debasing their profession, their only consolation being that they had exhibited a good public spirit in time of national peril. On the other hand, a number of surgeons, for whom the social sacrifice was not so serious, came forward and closely identified themselves with veterinary work, and many of them wrote books on the subject, some from actual practical knowledge, others from theoretical acquaintance or conceit. Even the surgeons were anxious about their reputations, for one of them remarks in one of his books that, as a result of "employing his pen so low as to write about horses," he has "now and then had a little dirt" thrown at him. The first school of veterinary science was opened in this country in 1791, and towards the end of the century the medical profession rendered valuable help to their veterinary colleagues through the work of John Hunter, Henry Cline, Sir Astley Cooper, and Dr. Fordyce, while from the ranks of the medical profession during the last years of the eighteenth century were recruited Bracey Clark, William Moorcroft, Delabere Blaine, and Edward Coleman, whose names will live as long as the veterinary profession exists.

TREATMENT OF DIABETES BY INSULIN AND ITS RISKS.

We publish this week at page 737 a general summary of the clinical experiences of workers in certain hospitals—eight in number—in England and Scotland who during the last few months have been able to treat certain selected cases of diabetes with insulin prepared under the directions of the Medical Research Council in the laboratories of the medical schools attached to each hospital; recently insulin prepared by commercial firms has also been used by these workers.

As we announced last week (p. 695), insulin is now being prepared on a commercial scale in this country, and the supply has been augmented by consignments from a firm of American manufacturers. It can now be purchased by hospitals and individual medical practitioners who will undertake to fulfil certain conditions. Insulin can only be employed with safety when its effects are tested by repeated examination of the amount of sugar in the blood, and an undertaking to make this estimation systematically is perhaps the most important condition imposed. So far, at each hospital, two or three patients suffering from severe diabetes have been selected and the effects of insulin upon them very closely studied week by week. Except in cases which have already reached the stage of coma, all the patients treated have shown admirable improvement, just as was described by the Canadian workers. The amount of sugar in the blood has fallen rapidly as a temporary result of each injection, and the utilization of fats has been favourably influenced to a very marked degree. The patients have increased steadily in weight and have experienced a sense of greater warmth and energy. Among the precautions found necessary is that

the insulin should be given in relation to the meals and be withheld during periods of abstinence from food. The untoward results of an excessive dose of insulin have been for the most part avoided owing to the care taken to test its effect on the blood and to give it in proper relation to meals. In severe cases very large doses may have to be given, and it is advised that such patients should be treated, for the present at any rate, in institutions, where the diet can be closely controlled and the blood sugar frequently determined. It is possible that in cases under this close observation a smaller dose may prove effective if carbohydrates are excluded. The very striking effect of insulin in diabetic patients who have passed into a condition of coma was observed in several instances; in one, which is recorded at length, a man admitted to hospital on the verge of diabetic coma, just conscious but with extreme air hunger, treatment with insulin was followed by such improvement in his general condition that for the next three weeks he had no glycosuria.

The efficiency of insulin in lowering the amount of sugar in the blood is so great that too large a reduction may be brought about, and a condition of collapse attended by convulsions may then ensue; it is remedied by giving glucose and causing the patient to drink large quantities of fluid; but its occurrence ought to be prevented, and this is one of the many problems which require further investigation. It has long been known that a diabetic patient subjected to an operation may suddenly pass into a condition of coma, and the experience so far obtained tends to show that insulin in this emergency has little effect. The risk is to be avoided by careful preparation of the patient before the operation; dietetic control and the administration of insulin in suitable doses being used together to free the urine from ketenes and sugar.

THE CAMBRIDGE CHAIR OF ANIMAL PATHOLOGY.

THE University of Cambridge is about to make a new departure of considerable interest and importance. As announced recently in our columns, it has accepted an offer made by the Ministry of Agriculture and Fisheries of a capital sum of £30,000 to found a Professorship of Animal Pathology. The Senate has approved regulations for the professorship which fix the stipend at £1,200 per annum, and define the duties of the office as the advancement of the knowledge of the diseases of animals by teaching and research. A board of electors will shortly be nominated, and it is anticipated that the first appointment will be made during the present term, which ends about the middle of June. The professor will be connected with the Special Board for Agriculture and Forestry, and will have his headquarters in an extension of the School of Agriculture, which practically joins the new biochemical laboratory which is being built and presented to the University for Professor Hopkins by Sir William Dunn's Trustees. Professor Langley's laboratory, the Molteno Institute of Parasitology under Professor Nuttall, and the low temperature research station under Mr. W. B. Hardy, are all within a stone's throw, and the Medical School is only just across Downing Street. The professor is to hold office in the first case for five years, at the end of which period he will be eligible for reappointment. His first duty will be to prepare plans for his headquarters laboratory at the School of Agriculture; for a branch laboratory, paddocks, animal houses, etc., at the field laboratories; and for staff and for equipment. For these purposes the Ministry of Agriculture has intimated that it will consider estimates up to about £70,000 for the period ending March 31st, 1927. After this date the maintenance of the research institute, of which the professor will be director, must depend either on the provision of further funds by Parliament or on private benefactions. In view of the value of the live-stock industry to the country, the collapse of the

institute in 1927 for lack of funds cannot be contemplated, provided, of course, that the professor and his staff show signs of making good. Although the regulations mention teaching among the professor's duties, it is anticipated that, for the present at any rate, his whole time will be devoted to research, which it is hoped will not be confined to purely laboratory studies. The funds available for the next four years will make it possible to include in the equipment a travelling laboratory for the study of outbreaks of disease in any district where they may occur. A motor ambulance and a compensation fund could also be provided so that certain animals could be transferred to Cambridge for more intensive study. It is thought that the application of such methods may throw light on many disorders of sheep and swine. As the market price of such animals is comparatively small they seldom repay individual attention by the veterinary practitioner. They would, however, amply repay preventive measures founded on accurate study of the outbreaks of diseases to which they are liable. Although the professor will be most directly connected with the School of Agriculture, the financial control of his institute being in the hands of the Special Board for Agriculture and Forestry, Sir Clifford Allbutt's well known advocacy of the joint study of human and animal disease will ensure for him the hearty co-operation of the Medical School.

THE CALCUTTA SCHOOL OF TROPICAL MEDICINE AND HYGIENE.

THIS institution was formally opened in February, 1922, although the first classes and research work were commenced about three months earlier; it was not until June, 1922, that the special hospital with over a hundred beds for tropical diseases was in full working order. In the first annual report, that for 1922, the Director, Lieut.-Colonel J. W. D. Megaw, I.M.S., in addition to giving an interesting account of the post-graduate teaching and hospital work, summarizes in fifty large printed pages the researches of the fifteen professors and whole-time research workers in charge of different sections of the laboratories; he gives a list containing twenty-five published papers and twenty-five submitted for publication: a truly remarkable record for the first year's work. After paying a tribute to the founder, Sir Leonard Rogers, in which he says that the institution is "the most remarkable legacy which has ever been bequeathed by a European to India," the teaching work is described: a six months' course is held in the cold weather months for the school diploma; outside examiners are appointed, and only 19 out of 28 candidates were passed, the standard being very high; a three months' course for a school certificate begins on July 15th, but there were 80 applicants, the numbers in each class limited to 50, including the D.P.H. candidates, who have a nine months' course, with field demonstrations and additional practical teaching in the public health laboratory of Bengal within the school buildings. The lectures are illustrated by numerous lantern slides, epidiascope projections, and cinematograph films, while the clinical material is abundant; over 600 cases of kala-azar, for example, were treated in the hospital and out-patient department in one year. Every patient admitted is investigated by the bacteriological, protozoological, helminthological, serological, and other laboratory departments, the notes being indexed by a whole-time registrar, so that any point under investigation can easily be analysed at short notice. The Calcutta Medical College museum contains some 6,000 specimens and several hundred coloured drawings; the numbers are being added to daily by the whole-time artists and photographers of the college and the new school, but it is already a unique collection of tropical specimens, and in addition a pictorial collection on the lines of the Wellcome Museum of Tropical Diseases is being rapidly arranged on the ample wall space of the entrance hall, stairs, and landings. Altogether the tropical school affords unequalled advantages for a highly practical post-graduate teaching in tropical medicine and hygiene of the most complete kind. The medical staff now numbers thirty-six, including eight

whole-time professors and three part-time lecturers, nine whole-time assistant professors, four medical officers of the hospital, seven additional whole-time research workers, three of whom are Indian research scholars in charge of investigations, and five assistant research workers; the heads of the seven additional research laboratories over and above the staff of professors are engaged in investigations on kala-azar, ankylostomiasis, the dysenteries, leprosy, filariasis, beri-beri, and diabetes respectively; all of them also teach in the school in their specialties, while distinguished outside medical men are invited to lecture from time to time. Additional professors of helminthology and biochemistry will, it is expected, be appointed shortly, and money is already in the hands of the Endowment Fund for the construction and equipment of a new leprosy institute opposite the school; this fund, which also finances the seven research laboratories just mentioned, had an income of £8,000 last year and a balance at the end of the year, including investments, of £45,000; almost the whole has been raised by public subscription—a fine testimony to the esteem in which the institution is held in India. A particularly valuable feature of the research work is the cordial co-operation among the staff; a large proportion of the papers are the joint work of two or more departments showing team work at its best. This happy result is mainly due to a system suggested by the founder of having monthly meetings of all the investigators, at which each reports on his previous month's work and his future plans; any difficulties encountered there receive the attention of the whole staff for their elucidation, so that the administrative head can say that he regards himself rather as a "President" than as "Director" of the school. It is impossible to read this report without realizing how much the splendid start the school has made is due to the wise and tactful administration of Colonel Megaw, backed up, as he himself points out, by a very able and enthusiastic staff. He makes special acknowledgement of his indebtedness to Major Knowles for his splendid work in completing the organization of the laboratories and hospital after Colonel Rogers went home on sick leave shortly before coming under the age retirement rule. Sir Leonard Rogers has every reason to be proud of the good work of his successors, in the selection of whom he was particularly fortunate. How far the work of the Calcutta School will be crippled, if the proposals of the Retrenchment Committee to scrap no less than twelve out of about thirty members of the bacteriological department and to reduce very seriously the medical research funds are carried out, it is impossible at present to judge.

CONGRESS OF THE HISTORY OF SCIENCE.

THE fifth International Congress of the History of Science met in Brussels on April 8th, and the official opening took place on Monday afternoon, in the presence of the King of the Belgians, in the Hall of the Palais des Académies. There was a large attendance of delegates and members. The History of Medicine formed a subsection, located at the Hôtel Ravenstein. The attendance of members interested in the subject was disappointing, but some interesting papers were read. Among these may be mentioned that by Dr. Wickersheimer (Strasbourg) on "The accusations of poisoning directed against Jews and lepers in the fourteenth century, and their relation to the plague epidemics." At the time of the Black Death the Jews were accused of spreading the disease by poisoning the water in the wells. This statement is to be found in many history books, and in 1348 such an accusation was said to have cost thousands of Jews and lepers their lives. Another interesting paper was communicated by Dr. van Schevensteyn (Antwerp) on "Itinerant oculists in the Belgian provinces in the seventeenth and eighteenth centuries." He reminded his hearers that in the Middle Ages ophthalmia was the chosen field of the ignorant practitioner. The study of the eye from an anatomical and physiological point of view had developed to an appreciable degree during the seventeenth

and eighteenth centuries, but its practical use as applied to the treatment of patients had not yet made itself felt. It dawned on the itinerant surgeons of the day that human sufferings, judiciously exploited, might become a source of revenue to them. Printing, which had proved so powerful an agent in the dissemination of new theories, would provide them with an easy means of introducing themselves favourably to the uneducated masses. This propaganda was first carried on by means of short tracts in which the merits of these charlatans were set out in lyrical terms, and at the close of the seventeenth century the first medical advertisements appeared. In the year 1686 an anonymous "Venetian" extolled in the *Courrier véritable des Pays-Bas* the virtues of his balsam for curing fractures. These first advertisers professed to cure cataract, deafness, and the stone, to operate for hernia, to sell wonderful cures for all and every ill, and to supply false teeth and artificial eyes. A paper was read by M. Oscar van Schoor (Antwerp) on "The history of the pill." He said that the pill was one of the oldest pharmaceutical preparations, being mentioned by Hippocrates, Galen, Pliny, and Celsus. The old authors gave little detail with regard to the method of making up the pillular mass and its division into doses. Towards the end of the seventeenth century references were made to the "signet," an instrument for dividing the pillular mass into equal parts; this was the precursor of the modern pill-machine, first described by "Baumé" in his *Éléments de Pharmacie*. The method of gilding or silvering the pills, or by sprinkling them with fragrant powders to help in their preservation, was common in the fifteenth century. In ancient pharmacy, the pills were kept in a mass and were only divided up into doses as required. M. Sevilla of Paris contributed a paper on "Some aspects of Greek veterinary medicine and the posology of opium and a few active 'simples' inscribed in the therapy of horses affected by pulmonary diseases." He made a critical analysis of the therapeutical formulae written by various Greek veterinary surgeons of the later period in Greek history, on the pulmonary diseases of the horse. He dealt in succession with the internal use of opium and henbane, asafoetida, gum ammoniacum, turpentine resin, sulphur, and sulphuret of arsenic in the treatment of horses suffering from bronchitis, pneumonia, pulmonary emphysema, and asthma. These agents were known even at an earlier period and were used by those who specialized in the treatment of sick horses. Professor Marc Bloch (Strasbourg) contributed a paper on "A confusion of beliefs: Concerning the kings of France, Saint Marcoui, and seventh sons as healers of scrofula." He said that three kinds of miracle-workers were believed to have the power of curing scrofula in France in the old days: kings, one saint (St. Marcoui), and seventh sons—that is, the youngest of seven boys, without girls intervening. Each of these powers, or supposed powers, had its origin in a different belief. The people soon established a common centre for these thaumaturgical powers in spite of their widely different origin. In the fourteenth century the kings of France were accustomed after their coronation to go and perform their devotions at the principal shrine of St. Marcoui, situated at the priory of Corbeny in the diocese of Laon, and they came gradually to consider this saint as the "intercessor" to whom they owed their supernatural gift. Thus saint and king became almost inseparable in iconography; and as to seventh sons, from the seventeenth century at any rate, a mysterious relationship was supposed to exist between them and the royal dynasty. These superstitions existed well into the middle of the nineteenth century.

ACADEMIC DRESS IN SCOTLAND.

AN interesting question has been raised in a report issued by the Aberdeen University General Council's Business Committee on the subject of academic gowns and hoods. The matter at present affects the M.A. hoods of Aberdeen and Edinburgh Universities, but it has an indirect bearing upon

the academic insignia of all British degrees. It appears that the governors of Gordon's Technical College, Aberdeen, proposed that holders of a diploma of the School of Art in that city should be granted the privilege of wearing a black gown with hood of black lined with white silk (the M.A. hood of Aberdeen and Edinburgh, and incidentally also of Cambridge). A subcommittee appointed by the Aberdeen University Council has gone fully into the matter and consulted the Universities of Oxford, Cambridge, and London as to any precedent for such assumption of academic dress by non-academic bodies. It appears that certain institutions, which are not universities, are entitled by charter or otherwise to adopt academic dress—for example, the College of Organists and the Royal College of Science. It is stated that the origin of academic robes is to be found in the early connexion between the Universities and the Church of the Middle Ages. While the unauthorized use of naval and military uniform is forbidden by special enactment, no such legislation exists with regard to academic or ecclesiastical dress. Tailors, it is said, have been largely the arbiters of style in this matter, and following their own fancy, or the fancies of their customers, they have throughout the centuries been constantly modifying the dress. A good example of this is found, the report states, in our own day at Aberdeen. The undergraduate gown worn by men was fixed by the Senatus Academicus in 1860 on the fusion of King's and Marischal Colleges; but when women were admitted to the university certain changes were made in the gown as adopted by women, consisting in lapels, purple epaulettes, and a red tassel on the trencher. This departure, according to the report, was entirely an idea of the robe-makers or of the first woman undergraduate who ordered a gown. The committee thinks it doubtful whether the universities have any legal redress in the matter, seeing that the various designs of hoods are not copyright, and have not been registered under the Trade Marks Act; but it is suggested that some joint action should be taken by the various universities in the matter. The subject, while of considerable practical importance, has its amusing side. If by a play upon words a school of art confers on holders of its diploma the gown and hood of Masters of Arts, there would appear to be possible justification for a pharmacist, for example, dispensing medicines habited in medical gown and hood.

A SPECIAL COURSE OF MEDICAL HYDROLOGY.

As briefly announced in our columns last week (p. 703), a course of lectures on medical hydrology for medical practitioners and senior students, supplemented by demonstrations in London and by clinical instruction at Harrogate, has been arranged by the University of London Extension Board in co-operation with a joint committee of the International Society of Medical Hydrology and the Balneological Section of the Royal Society of Medicine. The course will begin on Tuesday, May 29th, and end on Saturday, June 2nd. The University of London will grant a certificate of attendance to those who have attended the whole course, taking both theoretical and practical work. Unless otherwise stated, the following lectures will be delivered at the University of London, South Kensington. On the morning of May 29th Dr. Leonard Hill will lecture on the physiology of cold, light, and heat, and Dr. R. Fortescue Fox on the qualities and actions of medicinal waters. On the afternoon of the same day there will be a demonstration of different forms of baths in the Hydrological Department, Special Surgical Hospital, Ducane Road, Shepherd's Bush, by Mr. H. S. Souttar, Dr. J. Campbell McClure, and Dr. Arthur S. Herbert. On May 30th Dr. R. Fortescue Fox will lecture on the action and uses of baths, Dr. Wilfrid Edgecombe on the treatment of cardio-vascular affections by waters and baths, and Dr. Charles W. Buckley on the hydrological treatment of rheumatism, gout, infective arthritis, and fibrositis. On the same day Dr. Leonard Hill will give demonstrations at the National Institute for Medical Research, Hampstead, on the recording kata-thermometer and other methods of controlling open-air treatment, on methods

of investigating the local action of baths, and on the wind tunnel and moving platform for studying the effect of the cooling power of air during exercise. On May 31st Dr. R. Fortescue Fox will lecture on the applications of hydrology to incipient and chronic disease, and Dr. Rupert Waterhouse on the treatment of nervous disorders by waters and baths. A study tour to Harrogate will begin on May 31st, when members of the course will leave by train from King's Cross at 1.40 p.m.; hospitality will be provided by the medical practitioners of Harrogate. On the evening of arrival a dinner and conference will be held. Next day an address will be given by Dr. J. Campbell McClure and a paper on the Harrogate waters will be read by Dr. David Brown. Demonstrations and short lectures on various bath procedures will be given at the Royal Baths by Dr. Geoffrey Holmes, Dr. Kerr Pringle, Dr. William Bain, Dr. E. Solly, and Dr. J. Liddell. There will also be a clinical demonstration of cases at the Royal Bath Hospital, and a demonstration at the pathological laboratory by Dr. Sinclair Miller and Dr. F. B. Smith. The members of the course will return to London on Saturday, June 2nd. Applications to join the course should be made, and the fee of three guineas paid before May 21st, to Dr. W. Edgecombe, University Extension Department, University of London, Imperial Institute Road, South Kensington, S.W.7.

SIR HENRY GRAY.

THE profession in the North of Scotland and, indeed, throughout Great Britain will receive with very mixed feelings the announcement that Sir Henry M. W. Gray, K.B.E., C.B., surgeon to the Aberdeen Royal Infirmary, has accepted the appointment of chief of the surgical staff of the Royal Victoria Hospital, Montreal. On the one hand they will congratulate Canada on having obtained his services, and Sir Henry Gray himself on the wide scope which the great McGill Medical School and the splendidly appointed Victoria Hospital will offer him; but on the other they will regret that Scotland and Aberdeen should lose a teacher of such well deserved popularity and a surgeon of so much originality and skill. He was for several years consulting surgeon with the British armies in France, and was afterwards one of the surgeons who most actively seconded the work of Sir Robert Jones as Inspector of Military Orthopaedics during and after the war. In both capacities he added many more to the host of friends he had already won.

THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS.

THE Hospital for Functional Nervous Diseases, founded and endowed by the late Sir Ernest Cassel, two years ago began to receive patients suffering from the affections commonly, if not academically, spoken of as neurasthenia, nervous breakdown, and nervous prostration, who belong to the educated classes but are unable to pay the charges of nursing homes. Both the site of the hospital—Swaylands, near Penshurst in Kent—and the arrangements are admirably suited for this purpose, and the medical director, Dr. T. A. Ross, has an expert knowledge of the mental disorders of the patients who are treated in these attractive surroundings. The first medical report, just issued, shows that there are in addition two medical officers, one of whom is a woman, and that the resident secretary, Major H. B. T. Hume, is indefatigable in providing amusements and distractions, such as dancing, concerts, plays, and outdoor games, for the patients. The period under review is from May 23rd to December 31st, 1921, and deals with 144 admissions and 109 discharges, 20 of the latter being unsuitable for treatment at Swaylands, either because they had organic disease or because their mental disorder was of too pronounced a character to be dealt with in the hospital. At first sight the date of the subject-matter of the report may seem rather remote. The reason is that it was considered impossible to make an estimate of the results of the treatment until the patient had left

the hospital, and had been submitted to the strain of ordinary life for at least six months. Of the 75 patients whose subsequent condition has been ascertained 26 consider that they are quite well, and 23 report that they are very much improved; of the latter some were in the hospital for a short time only, and it should be noted that although patients occasionally lose all their symptoms in a few weeks, such a recovery is apt not to be permanent, and in most instances a residence of two months is advisable. The report contains interesting analyses of the individual cases; among the nineteen patients who did not derive any benefit from the treatment, five came with the idea that one month was all that was necessary to obtain a cure, and did not remain more than five weeks, and six others were after a time found to be unsuitable and were discharged.

THE ROYAL MEDICAL BENEVOLENT FUND.

THE annual meeting of the Royal Medical Benevolent Fund will be held at the Royal College of Physicians, London, on Monday, May 7th, at 4 p.m. The meeting will be addressed by Sir Thomas Barlow, President of the Fund, the Archbishop of Canterbury, Lord Sumner, and Sir Humphry Rolleston, President of the Royal College of Physicians. The number of new applications for help received by the Fund increases year by year, and in 1922 was nearly double that in the previous year. The Committee of the Fund makes it a rule not to refuse any application from an eligible applicant whose income is less than £80 a year. Owing to the increased number of applicants and the larger grants made necessary by the fall in the value of money, the Fund incurred a deficit of £1,754 last year, and if it is to continue its work increased support in the form of annual subscriptions is urgently needed. The maximum grant to any case in any year is £26. The cases, as those who read the reports in our columns from time to time know, are often most pitiable, and the limited amount the Fund has at its command is something of a reproach to the profession.

THE EDINBURGH CONGRESS.

THE fourth British Congress of Obstetrics and Gynaecology, held in Edinburgh at the end of last week, was well attended and highly successful. The whole of the two sessions on the first day was occupied by a very spirited discussion on intrinsic dysmenorrhoea, which is reported elsewhere in this issue. The second day was given up to the reading of short papers and the exhibition of specimens; we hope to publish next week an account of these proceedings. On Saturday morning operations were witnessed at the three gynaecological wards of the Edinburgh Royal Infirmary, and in the afternoon the members relaxed the bow by playing golf or making short motor excursions to the beautiful surroundings of Edinburgh. The next congress is to be held in London in 1925 at the invitation of the Obstetric and Gynaecological Section of the Royal Society of Medicine. The chief subject of discussion on that occasion will be the cause and prevention of death from puerperal septicaemia.

THE annual dinner of the Indian Medical Service will be held at the Trocadero on Wednesday, June 20th. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S. (ret.), 63, Addison Road, Kensington, W.14.

THE Oliver-Sharpey lectures will be delivered before the Royal College of Physicians of London by Dr. H. H. Dale, F.R.S., on Tuesday, May 1st, and Thursday, May 3rd, at 5 o'clock on each day. The subject is the activity of the capillary blood vessels and its relation to certain forms of toxæmia.

PROFESSOR G. H. F. NUTTALL, M.D., and SIR W. J. POPE have been appointed to represent the University of Cambridge at the ceremonies connected with the centenary of the birth of Pasteur which will be held at Paris and at Strasbourg in May.